### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Repp et al.

Title:

CORNICE SYSTEM

Appl. No.:

Filing Date:

4/21/2004

Examiner:

Art Unit:

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. EV 431601862 US

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Carolyn Simpson

# **UTILITY PATENT APPLICATION** TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Jilene A. Repp N67 W30918 Golf Road Hartland, Wisconsin 53029

Francis A. Yogerst 1131 Evergreen Street West Bend, Wisconsin 53095

Applicant claims small entity status under 37 CFR 1.27.

#### Enclosed are:

- [X]Specification, Claim(s), and Abstract (27 pages).
- Drawings (7 sheets, Figures 1, 2, 3A, 3B, 3C, 3D, 3E, 3F, 4, 5, 6, 7, 8, 9).

## [X] Application Data Sheet (37 CFR 1.76).

## The filing fee is calculated below:

	Claims		Included		Extra		Rate		Fee
	as Filed		in		Claims				Totals
			Basic Fee					_	
Basic Fee							\$770.00	=	\$770.00
Total	50	_	20	=	3.0	x	\$18.00	=	\$540.00
Claims:									
Independents	4	-	3	=	1	x	\$86.00	=	\$86.00
:									
If any Multiple Dependent Claim(s) present: + \$290.00								=	\$0.00
Surcharge und	ler 37 CFR	1.16	(e) for late	filii	ng of	+	\$130.00		\$130.00
Executed Dec	laration and	i late	payment of	of fil	ling fee			_	
							SUBTOTAL:	=	\$1526.00
[X]		Sm	all Entity	Fees	Apply (	subtr	act ½ of above):	=	\$763.00
			-		T	OTA	L FILING FEE:	= -	\$763.00

- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted

Date \_\_

APRIL 21, 2004

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